

T&C Sports 2020/2021 Attendance Participation

COVID-19 Contact Tracing Questionnaire

1 Form Required per Family, per Day

Attendee Full Name: _____

Attendee's Phone Number: _____

Date of Attendance: _____

By signing below, I acknowledge that:

- **I have not been diagnosed with Covid-19 within the past 3 weeks.**
- **I am not currently experiencing any symptoms of Covid-19.**
- **I have not been in direct contact with anyone positive for Covid-19 in the past 2 weeks.**

This form has been completed within the 24-hour period preceding the event

- Attendance at this event is voluntary
- Temperature check will be required upon arrival
- At-home COVID-19 screening should be done before leaving the home
- Those with a temperature at or above 100.4 will not be permitted to attend
- I will wear a mask when removal is not required (i.e. eating, drinking)

Signature (Parent/Guardian): _____

